National General
Accident & Health

Claim Filing Kit: Sickness Hospitalization

This form may be used to file claims for the Sickness Indemnity Rider.

1. Complete section one. Please include the policy number of your Accident Medical Expense with the Sickness Indemnity Rider plan.

2. Complete section two. Sign and date the form.

3. Send this claim form and copies of itemized inpatient hospitalization bills to the following address, fax number, or email:

Mail: National General Accident & Health
P.O. Box 3252
Milwaukee, WI 53201-3252
Fax: 317-284-7281
Email: NationalGeneral.customerservice@keybenefit.com

If you have any questions about this form, please call (855) 212-5014.

Failure to complete the entire claim form may result in a delay of claims review.

National General
Accident & Health

Please print clearly

Section 1

Information on Primary Policyholder

Policy Number: _____

Policy Owner Full Name: _____

Street Address: _____

City: _____ State: _____ Zip:_____

Phone Number: _____ Date of Birth: _____

Check this box if address is new: ☐

Information on Claimant

Claimant Full Name: _____

Gender: Male ☐ Female ☐ Date of Birth: _____

Relationship to Policy Holder *(circle one)* : Self Spouse Child Other

Phone Number: _____ Email Address: _____

Reason for filing claim: _____

_____

_____

We may need to request additional information. Please provide the following:

Primary Care Physician

Name: _____

Address: _____

Phone: _____

Have you ever had this condition before? ☐ Yes ☐ No

If yes, when? _____ (MM/DD/YY)

List all providers, including pharmacies, who have treated you for the past 5 years (Include name, address & telephone number): _____

_____

_____

_____

National General Accident & Health

National General Accident & Health
P.O. Box 3252
Milwaukee, WI 53201-3252
Toll-free: (855) 212-5014 | Fax: 317-284-7281

HIPAA Compliant Authorization to Release Confidential Medical Information

Primary Insured: _____ Member ID#: _____
Claimant: _____ Claimant Date of Birth: _____

******Specifics to be released: <5 Years prior to effective date> to present******

Records and information obtained will be disclosed to National Health Insurance Company, Integon National Insurance Company, and/or Integon Indemnity Corporation collectively referred to herein as "National General Accident & Health" (or any consumer reporting agency authorized by National General Accident & Health), its legal representative, its third party administrator(s), or any medical records retrieval service National General Accident & Health may engage, including, but not limited to, Examination Management Services, Inc. (EMSI), and its agents.

The purpose of this disclosure is to evaluate the eligibility of benefits or my claims for payment. I hereby authorize any and all of my medical practitioners, physicians, pharmacists, hospitals, clinics, nurses, records custodians, or any other provider to release any and all records and information within their possession, custody or control regarding me pursuant to this Authorization. Any and all records and information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition are to be released. Such records and information to be release may include, but not to be limited to, the following: alcohol abuse treatment, drug abuse treatment, psychiatric treatment, pharmacy prescriptions, HIV testing and treatment, Acquired Immune Deficiency Syndrome (AIDS), STD testing and treatment, genetic testing, Sickle Cell testing and treatment, lab data and EKG's.

This authorization will remain in effect for a maximum of one year from the date of my signature below.

I understand that I may revoke this authorization at any time by sending a written notification to the address listed above, or fax to 317-284-7281. This revocation will be effective for further uses and disclosures only and will not apply to information that has already been used or disclosed, relying on this authorization. I understand that I may refuse this authorization. I further understand that refusing to sign this authorization may result in non-payment of claims.

Signature of patient/guardian/personal representative: _____

Legal relationship to claimant: _____ Date: _____
(Only if signed above by guardian or personal representative)

National General
Accident & Health

Fraud Warning Notices:

For states not listed below: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject such person to criminal and civil penalties.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas & West Virginia: Warning - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false,incomplete or misleading information commits a felony.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: Warning - Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

National General Accident and Health markets products underwritten by National Health Insurance Company, Time Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.